Family Care Coordinators Time Frames Service Planning and Provision

Process	Identified Time Frame
Send written meeting notice to Family Care Team prior to meeting date	14 days
Submit completed assessment reports to Family Care Coordinator before planning meeting	5 days
Identification of Individual Service Plan (ISP) start and end dates	Must be within current quarter and no more than one
	day from previous date
Scheduling of subsequent Quarterly Individual Service Plans	To follow and account for time frames so no gap in
	service is identified
Submit Completed service plan to Mental Health Division (MHD)	w/in 14 days of plan start date
Implement agreed upon plan modifications	w/in 5 working days of team meeting – sooner if
	identified by team to address health & safety issues
Submit requested plan corrections/change	w/in at least 1 day prior to plan start date
Individual Service Plan monitoring schedule	As identified in ISP
 Health status issues 	Following ISP review criteria
 Medication use 	
 Risk/safety contingency plan 	
 Life domain need to be addressed 	
 Start dates/service coordination for outcome objectives and crisis plans 	
Other time sensitive issues unrelated to other aspects of plan	
Completion of level of care evaluation and re-evaluations	w/in 45 days of plan start date
Completion of CASII instrument	Initial, 12 month, and 24 month plans
Completion of Level of Care (LOC) re-evaluation document	Before end date of previous evaluation
	Prior to 6 and 18 month plans as stand-alone document
	Prior to 12 and 24 month plans with CASII instrument
Obtain psychotropic medication consent forms	w/in 30 days after plan start date
Obtain/complete back-up plans/risk management agreements	w/in 30 days after plan start date
Completion of required safety monitoring for quarterly service plans	Date within quarter of current plan
Discussion of written information sharing for risk/safety issues/monitoring	Next scheduled Team meeting
Initiative of and report on transition planning	Include as part of second quarterly service plan
Completion of team member assignments documented in plan meeting minutes	w/in 45 days of plan start date
Direct, in-person contact	At least weekly – more frequently as level of need
	increases or problems are identified

Process	Identified Time Frame
Contact with family support persons or other service providers	Monthly - more frequently as level of need increases or
	problems are identified
Review of incident report information	Monthly - more frequently as level of need increases or
	problems are identified
Review of Family Care Team documentation and billing information	Monthly
Follow-up and reporting of identified items outlined in Monthly Service Plan Review	As documented in review report – for youth/family
	items, weekly/monthly as part of family contact
Calling a Team meeting	Any time – should be done as soon as problem is
	recognized and evaluated
Complete Monthly Service Plan Review reports	By last day of month for months when no quarterly
	service plan is developed
Submit copy of Monthly Service Plan Review Report to MHD	By 10 th day of next calendar month
Submit service plan modifications to MHD for approval	w/in at least 1 day prior to modification start date
Submit service plan modification requesting Exceptional Service Needs	w/in at least 3 working days prior to modification start
	date
Complete abuse/neglect training and documentation form w/youth and family	w/in first 3 months of waiver services
Monitor medication regimens	At least quarterly
Provision of waiver services	At least monthly
Obtain/complete psychological evaluation	Report current w/in 3 months of service application OR
	To be scheduled and completed w/in first 3 months of
	waiver services
Develop transition service plan – identify specific goals to increase skills and abilities for youth	Youth served ages 16 and older
to become as self-sufficient as possible.	
ID and make referrals to other programs	
Can add adult case manager to team to assist in transition	
Specify time frames for completing linkages	
Establish and document service and community resource referrals (before	
discharge)	
Review assessment reports for required elements	Upon receipt of report – w/in 5 days of planning
	meeting
Completion of Choice of Providers form	As part of each quarterly plan development
Review and sign-off of treatment objectives	Prior to implementation date (done as part of training)
Submission of discharge documentation to MHD	Within 10 working days of identified discharge date
Provide information to Waiver Program to share with out-of-home care facility	Within 3 days of child's admission

Program Management

Process	Identified Time Frame
Receipt of complaint where health and safety of youth is in jeopardy	Report immediately to local DFS or law enforcement
	office
Receipt of complaint (documented on appropriate complaint form)	Fax to MHD same day
Complete incident report and notify entities outlined on form	Immediately after action has been taken to address health
	and safety needs of youth
	(maximum time frame allowed = 24 hrs)
Notify family (as appropriate) and local law enforcement of incident	Immediately after action has been taken to address health
	and safety needs of youth
	(maximum time frame allowed = 24 hrs)
Accept one additional case (FCC case load limitations)	Must be w/in 1 month of completing transition of youth
	off waiver (dates and time lines have been established)
Completion of certification training	w/in 60 days of certification approval
Provider recertification	Annually by month of initial certification
Program records management	As outlined in approved records retention plan